

Attorney Docket No

Z7-6606

PATENT

ITW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s)	Drew Zoller	Confirmation No.:	7742
Application No.:	10/631,110	Examiner:	Brigitte R. Hammond
Filing Date:	July 31, 2003	Group Art Unit:	2833
Title:	CORD RETAINER		

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an AMENDMENT for the above-identified application.

STATUS

Applicant is

☒ (X) A small entity.

☐ () Other than a small entity.

CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10*
Express Mail certification is optional.)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box, Alexandria, VA 22313-1450**

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Date of Deposit April 12, 2005

Express Mailing Label No.: _____ - Mandatory

Typed Name: Lisa D. Jones

Signature

FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Patent and Trademark Office at (703) _____

*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

CLAIMS AS AMENDED									
FOR	(1) "CLAIMS REMAINING AFTER AMENDMENT		(2) "HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
					RATE	FEE	RATE	FEE	
TOTAL CLAIMS	37	MINUS	41	0	X \$ 25.00	0.00	X \$ 50.00		
INDEP. CLAIMS	05	MINUS	04	01	X \$100.00	100.00	X \$200.00		
[] First Presentation of a Multiple Dependent Claim					\$180.00	0.00	\$360.00		
SUBTOTAL OF ADDITIONAL FEES						100.00			100.00
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3. ** If the "Highest No. Previously Paid For" in this space is less than 20, enter "20". *** If the "Highest No. Previously Paid For" in this space is less than 3, enter "3". The "Highest No. Previously Paid For" (Total / Independent) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed. WARNING "After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a)(emphasis added).</p>									
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136 (FEES: 37 C.F.R. §1.17 (1) – (4) for the total number of months checked below:</p>									
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH		\$60.00
Large Entity	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,020.00	<input type="checkbox"/>	\$1,590.00	
Small Entity	<input checked="" type="checkbox"/>	60.00	<input type="checkbox"/>	225.00	<input type="checkbox"/>	510.00	<input type="checkbox"/>	795.00	
<p>[] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									\$160.00

FEE PAYMENT

- ☒ Attached is a ☒ check ☐ money order in the amount of **\$160.00**
- ☒ Authorization is hereby made to charge the amount of **\$ 0.00**
- ☒ to Deposit Account No. 20-0090.
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should **not** be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 20-0090.

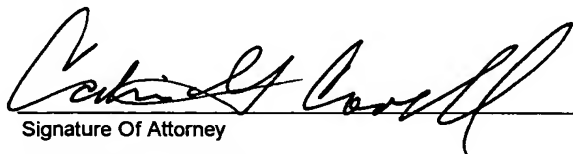
AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 20-0090.

Date: **April 12, 2005**

Customer No.: **26,294**

Reg. No.: **24,042**



Signature Of Attorney

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April 12, 2005 DATE OF DEPOSIT
Lisa D. Jones 4-12-05
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AMENDMENT

Sir:

In response to the Office Action of December 13, 2004, please amend the above-identified application as follows:

Amendments to the Specifications: Amendments to pages 4 and 6 of the specification are enclosed herewith. These pages of the specification has been revised to refer to the revised drawings illustrating the fastener in the manner requested by the Examiner.

04/15/2005 MAHME1 00000004 10631110

01 FC:2251 60.00 0P

04/15/2005 MAHME1 00000004 10631110

02 FC:2201 100.00 0P

Amendments to the Claims: Amendments to the claims are reflected in a listing of claims which begins on page 5 of this paper.

Amendments to the Drawings: Fig. 11 has been revised to illustrate the fastener referred to at page 6, lines 18 – 22 of the original specification.

Remarks/Arguments: Remarks begin on page 13 of this paper. .